

**125TH MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)
MEETING OF THE SUBCOMMITTEE ON PLANNING AN BUDGET**

February 11, 2003
12:15 p.m. – 1:15 p.m.

Welcome/Introduction—Dr. Larry Norton

Dr. Larry Norton, Director, Medical Breast Oncology, Evelyn H. Lauder Breast Center, Memorial Sloan-Kettering Cancer Center, chaired the meeting of the Subcommittee on Planning and Budget. He welcomed those in attendance and explained that the subject at hand was a proposed plan for increasing participation in NCI priority setting.

Dr. Norton noted that financial constraints create tension between the goals of expanding the research portfolio by funding bright new scientists and continuing to support established investigators. The challenge is to cut costs without decreasing productivity. The NCI has described an innovative and promising approach to expanding the infrastructure to support its increasing portfolio through outsourcing some of this activity.

Dr. Norton introduced a draft document, to be presented by Ms. Cherie Nichols, describing the proposed plan to increase participation in priority setting. As an advisory group representing many aspects of the cancer community, he said, the NCAB has had many opportunities to interface with the NCI decision-making process through development of extraordinary opportunities. The proposal in this document is to establish ongoing participation in the priority-setting process.

Subcommittee members were also provided with a list of possible general and specific questions that could be asked as part of this participation.

Increasing Participation in NCI Priority Setting—Ms. Cherie Nichols

Ms. Nichols explained that the NCI wants input on the draft proposal on increasing participation in NCI's priority-setting process from the subcommittee. The Institute is looking at multiple efforts to fully engage the entire cancer community—especially the NCI's advisory committees—in priority setting; bring many perspectives to the table; encourage ongoing and continuous participation; establish feedback mechanisms to inform the cancer community on how its recommendations are used; and build synergism and leverage resources.

Using the approach described in the proposed plan, NCI leadership, advisors, cancer researchers, clinicians, advocates, and others would engage in dialog about concerns, issues, expectations, and opportunities in cancer research. Ideas generated through this process would inform development of the Bypass Budget and other long-term strategic planning activities and guide conversations with members of the cancer community. The Subcommittee on Planning and Budget would serve in an advisory capacity to assist the NCI in carrying out this plan.

Methods to engage the cancer community in the priority-setting process could include:

- Using meetings of the NCAB, President's Cancer Panel, Board of Scientific Advisors (BSA), and other advisory groups as forums to discuss future directions for cancer research.

- Working with the BSA to solicit input on strategic planning through its “NCI Listens” sessions at national meetings.
- Holding a series of facilitated regional meetings at Cancer Centers to seek input from various cancer research, clinical, and advocacy communities.
- Creating an online strategic directions forum to promote Web-based dialog.
- Developing input forms to be distributed through meeting materials, newsletters, listservs, and other methods.

Discussion

Traditionally, the budget demands of various components of the scientific community—e.g., basic science versus behavioral research versus clinical research—drive the discussion of research priorities. Often, input from the cancer community takes the form of recommending that each constituent’s institution should receive more money. It is important to frame the question at hand properly to avoid giving constituencies the impression that all of their wishes will be fulfilled.

No matter how much money is allocated, it will never be enough. Criteria for setting research priorities are needed. The NCI wants to look at the larger landscape instead of operating in a vacuum. Because there are other institutions and communities working on the same problems, the NCI has to determine what it can accomplish without undue duplication of effort.

The NCI feels that the NCAB can best help by focusing on the planning process rather than the budget. The budget maps to the plan, not the other way around. The NCI wants to go to communities where the knowledge base exists to learn what critical steps must be taken to achieve specific goals.

For this meeting, it is important to obtain subcommittee buy-in for the idea of increased NCAB participation in priority setting and planning. Development of specific questions to guide community input can take place over time. The NCI is also open to discussion of what ways would be best to keep the Board informed on the planning process and soliciting input.

One possible approach, it was suggested during discussion, might be to ask how can we do the same things with less money—possibly taking some things off the table that have been there a long time—and look at money saved as a pool for new initiatives.

The NCI should look at barriers to achieving short- and long-term success in reducing cancer incidence and mortality. Quality-of-life assessment is an example of a in short-term objective, whereas basic scientific discovery is a longer-term activity.

The NCI may need to bring in experts from other fields—e.g., economics, philosophy—who are not part of the cancer enterprise to bring a fresh perspective. It also might be possible to get new perspectives from science writers. The planning process could also look to the American Cancer Society’s 2015 objectives as a guide in the planning process.

Concern was expressed that implementing this plan could create expectations that the NCI may not be able to deliver on. Dr. von Eschenbach said he senses that those expectations are being created anyway. He said he hopes that this can become a two-way street to improve communication and interaction across the whole community. The NCI wants insights on what would have to be done for the Institute to reach a

particular goal by a particular time; then the budget can be formulated. Dr. von Eschenbach said he has had feedback to indicate that the community is dissatisfied with the process of being asked for approval of plans that have already been formulated. This is an attempt to propose a way to involve advisors and the broader community earlier in the process.

Dr. Norton said that he sensed uniform buy-in from the subcommittee on the general idea of increased input. The list of questions is an illustration of the kinds of issues to be addressed by ongoing discussion. The subcommittee members will continue to think about these issues.

The meeting was adjourned at 1:15 p.m.

Attendees

Subcommittee Members

Dr. Larry Norton, Chair
Ms. Cherie Nichols, Executive Secretary
Dr. James O. Armitage
Dr. Samir Abu-Ghazaleh
Dr. Moon Chen, Jr.
Dr. Jean B. deKernion
Mr. Stephen C. Duffy
Dr. Ralph S. Freedman
Dr. Susan M. Love
Dr. John E. Niederhuber
Dr. Arthur W. Nienhuis
Ms. Marlys Popma
Dr. Franklyn G. Prendergast
Ms. Lydia G. Ryan

NCI Staff

Dr. Andrew C. von Eschenbach
Dr. Marvin Kalt



Dr. Larry Norton, Chair

2/12/03

Date



Ms. Cherie Nichols,
Executive Secretary

2/12/03

Date